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ABSTRACT

The document uses a question-answer format to provide an overview of the individualized educational program (IEP), particularly as it relates to the education of handicapped children. Topics considered include the need for an IEP, advantages to the parent, and the team that develops the IEP. An IEP is reported to have information on the following components: child's present functioning level, annual goals, short-term objectives, a listing of the person responsible for various activities, amount of time to be spent teaching each activity, starting and projected ending dates, strategies and techniques, materials and resources, and evaluation. Sample IEP forms are given. (SBH)

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Someday I may need to know about....

IEP

Individualized Educational Program

What Is It? How Does It Work?

1978

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A MCARC INFORMATION SHEET

Family and Community Services
949-8140

One in a series on subjects of interest to parents and others concerned with the well-being of mentally retarded children and adults.

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THE IEP

INDIVIDUALIZED EDUCATIONAL PROGRAM

What is it? The "Individualized Educational Program" is something new. Although individualized education has been around for a long time as an effective approach to teaching handicapped and nonhandicapped children, the IEP mandated by federal law 94-142, in effect since October, 1977, is broader. It includes not only special education designed to meet the needs of the individual, but also the related services he may need, such as

psychological services
physical therapy
occupational therapy
speech pathology
audiology
recreation
transportation
counseling
medical services (for diagnosis only)

All this must be spelled out in writing in a child's IEP.

Why is it needed?

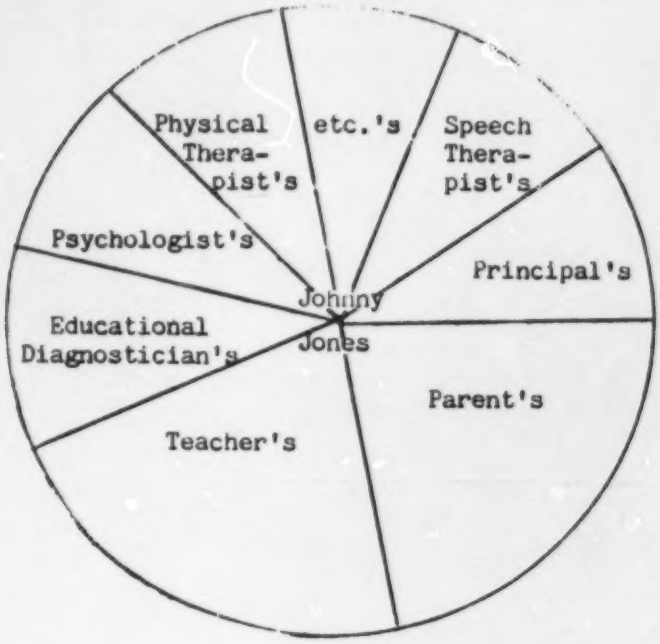
In the past, traditional practice had been to decide that a child fell within a certain category of handicapping condition, that he was "educable" mentally retarded, "trainable" mentally retarded, orthopedically handicapped, visually impaired, deaf or hearing impaired, or learning disabled, for instance. The child would be labeled, placed in the class that matched his label and then the teacher would address his educational needs. Often it was not his particular educational needs, but the "trainable" child's educational needs, or the "blind" child's educational needs. Anyone who didn't fit the type was obviously in trouble. The less perfect the fit, the deeper the trouble.

Now, Individualized Educational Programs must be designed for each child by a team of educational and other specialists, including the parent, and then the decision is made about who can best give him the educational and other services he needs, where he should receive them, what his goals should be, and how long it should take him to reach them.

Advantages to the Parent:

The biggest and newest advantage is that parents can now be a part of the decision-making process--not usually the case in past practice. Formerly parents were told what the placement decision was after it was made by the professionals, and asked to sign consent forms. Now they can participate in the discussion and decision about what can and should be done for the child. They can hear what the educational and other specialists have learned in assessing the child's strengths and weaknesses, and they can contribute what they (the parents) feel to be his greatest needs. What goes on at home--behaviors present or absent--is a part of the total picture of any child.

Information and Observations about Johnny Jones



Obviously the portions of the pie can vary. We tend to think that those who spend the most time with the child know him best, and a substantial weight should be given to their observations and insights. But the perspective and knowledge of specialists who spend relatively little time with the child are essential too.

If the parent(s) cannot be present to participate in the discussion and help develop the IEP, their written consent is nevertheless required before the IEP can be acted upon. Before signing consent, they should read the IEP carefully and sign it only if they are fully satisfied that the goals described are realistic and important ones, that the strategies for meeting them suit their child, that specific persons are named to be accountable for working towards the goals and objectives and that the time framework is a reasonable one. If they have any suggestions for improvement or any disagreement with goals or strategies, they should consult with their child's teacher, principal or school director.

Another Advantage to the Parents:

Presented with a copy of the written individualized educational plan for their child, they know what the goals are, what the strategies are to reach them, what teaching materials should be used, who is accountable for the various activities, and when they should be taking place, so they can monitor what's going on more effectively. Periodically, they can review the IEP with the child's teachers or the specialists involved, and if objectives have not been attained, they can find out why and help the teacher to re-evaluate and modify the goals--or assist in redesigning strategies.

An Advantage to Everybody:

If parents are a part of the decision-making process, far fewer decisions will be made to which they object. Thus the number of placement appeals necessary should be drastically reduced. Appeals are very time and energy consuming for all concerned, and those concerned generally include several people besides the parents--teachers, principals, hearing officers, lawyers or advocates, specialists, etc. And obviously appeals are expensive.

Who is on the "team" which develops the IEP?

The child's needs should define who is on the team. But at a minimum it should include the teacher, the parents, the child (when appropriate), and someone from the school system who is qualified to provide or supervise special education.

REMEMBER: The parents' presence and participation is clearly desirable whenever school personnel gather to make major decisions about their child's education. The discussion, what the parent learns from it, and what the others learn from the parent, are what's important. Some teachers, principals, or specialists will welcome parent participation; others will be uneasy or threatened. Some parents will be at ease with the format immediately. Others may need time and experience before they feel comfortable dealing with a group of educational professionals.

Your written consent is mandated

1) before any evaluation, assessment, or testing can take place;

2) when the IEP is completed;

3) before any change in educational placement can take place.

What does an IEP look like?

Forms will vary. (See pages 7 and 8 for example.) At present there seems to be very little uniformity among various schools and teams. So the IEP form used may range all the way from a detailed, printed outline with various columns and headings, to a blank piece of paper headed "IEP". No matter what the members of the team developing the IEP start with, the final result should have certain areas of information.

1) The child's present functioning level -- his weaknesses and his strengths -- based on testing results, performance reviews, and other assessment data assembled before the IEP meeting. (Parents should request to see and have copies of all medical and psychological reports and should be familiar with them before the meeting. See page 9 on access to records.) The list of his current abilities and inabilities should be very specific and written in simple, understandable language. For example, Johnny Jones

can work independently for 15 minutes;
explodes when frustrated, tears paper, throws books;
knows the alphabet, but confuses b and d;
cannot read phrases. Reads only one word at a time;
dresses self, but needs help with buttons and shoe laces.

Still better, the current functioning levels might be listed under various areas. As an example, if the child is severely or profoundly retarded, those areas would probably include the following:

Self-help:

Dressing: Can undress, but cannot dress without help.

Eating: Uses a spoon unassisted, eats finger foods. Drinks from a glass. Cannot use a fork for eating or a knife for either cutting or spreading.

Toileting: Frequent accidents. Uses toilet if scheduled rigorously and frequently. Needs assistance at all times. Does not indicate need to go.

Personal Hygiene: Needs help to wash hands, bathe, brush teeth, comb hair, etc. Shows some interest in mirror image.

Motor:

Gross-Motor: Can climb stairs without support. Cannot ride a tricycle. Cannot step through tires or walk a balance beam. Can climb one rung of jungle gym. Cannot jump on trampoline without assistance.

Fine-Motor: Can string large beads. Cannot use scissors.

Language:

Receptive: Can obey simple commands -- "Stand up, sit down, come here". Can identify three or four simple objects when named. Cannot obey two commands presented together.

Expressive: Can imitate words, but not phrases. Cannot initiate verbal response.

Social:

Plays alone or beside someone. Cannot participate in group activities. Giggles and laughs inappropriately. Hugs, kisses and touches others inappropriately.

The list above pertains to a child who is functioning on a relatively low level. For children with a broader range and greater complexity of abilities and behaviors, the teacher may have to be selective rather than inclusive in what he or she lists. The behaviors listed may tend to be representative of others which the child can or cannot do but which it is unnecessary to itemize one-by-one.

The areas covered by the IEP for a higher functioning child might well include all of the following areas and others as well, with specific behaviors or abilities for each:

Social Adaptation
Prevocational Skills
Vocational Skills
Motor Skills
Reading Skills
Language Arts
Arithmetic Skills

2) Annual Goals (The group's best estimate of what the child can learn after a year's work with him). Parents will certainly want to think through their own long-term goals for their child before the meeting and stay aware of how the annual goals suggested by the group will help the child get where they want him to go.

Annual goals should relate in a realistic way to current functioning levels. If a child currently makes random marks on paper, a reasonable goal after a year's work might be to copy shapes, numbers and letters, and, perhaps, to print his entire name. If he is able to count to five at present, an appropriate annual goal might be for him to learn to count to 100, recognize numbers and match objects to the numbers 1 through 10.

3) Short-term Objectives: Most teachers have access to curriculum guides which indicate sequences of skills and which act as a guide for breaking an annual goal down into shorter term objectives, i.e., the steps to get to the annual goal. Parents may want to sit down and look through curriculum guides and become familiar with various goals appropriate for their child's functioning level and the sequencing of steps and strategies to reach them.

A sequencing technique used frequently is called Task Analysis. It breaks down the objective into various sequential steps. For instance, given an annual goal of learning to use a toothbrush, there are a number of activities which take place, which occur in a rational sequence, and which must be taught one by one until the entire sequence is mastered. A "task analysis" of toothbrushing might break the steps down like this:

1. Get toothbrush and toothpaste
2. Remove the cap from the toothpaste
3. Turn on the water
4. Hold the toothbrush
5. Apply toothpaste to the brush
6. Brush the biting surfaces of the teeth
7. Brush the outside surfaces of the teeth
8. Brush the inside surfaces of the teeth
9. Put the toothbrush down
10. Fill a glass with water
11. Rinse your mouth
12. Wipe your mouth with a towel
13. Rinse the toothbrush
14. Rinse the sink
15. Turn off the water
16. Put the cap on the toothpaste
17. Put the brush and the paste away

Most teachers (and parents) teach by "task analysis" unconsciously -- by verbal commands, by guiding the person through the steps a number of times, or by showing him how (modeling). The advantage of systematizing the process is that progress can be measured by the number of steps achieved by certain dates, with numbers or percentages of successes and failures. The aim is to have progress measurable or observable in some way. The objective for this example might be that Johnny will accomplish steps 1-5 on command by April 15, steps 1-12 by May 15 and 1-17 by May 30. As another example, objectives in toilet training might be stated as follows: Johnny will use the bathroom 50% of the time by April 15, 80% of the time by June 15 towards the annual goal of 100% by August 15. Or, an objective might be stated in this way: Johnny will follow the directive "Come here" three times in a row without failure, by March 15.

Clearly however, some areas are easier to put into specific, measurable or observable terms and steps than others. Social or emotional goals are often difficult to pin down with specific, observable behaviors. They involve subjective judgement. Also, it is not easy, and sometimes not possible,

to break a "social maturity" goal down into sequential steps. Supposing a child talks loudly, uses coarse or hostile language, bosses others and hits. The first task might be to decide which of the undesirable behaviors the teacher and parents will work on eliminating first. Some "base line" will need to be established both at home and at school, so both teacher and parents may spend some time counting the frequency of the behaviors and observing and recording the circumstances in which they occur. Then the goal may be to reduce the frequency by 10%, 20%, etc. until it is eliminated or at least appears reasonably infrequently.

Parents will certainly want to think through carefully what behaviors are causing particular trouble at home and what social and emotional behaviors they would like to see taught or encouraged.

4) The person responsible for the various activities: The IEP should list who will be responsible (and accountable) for helping the child achieve each goal. The child's classroom teacher, a resource room teacher, or a specialist of any kind could be the responsible person, depending upon the nature of the goal and whether it is an area specific to special education or a "related service".

5) The amount of time to be spent teaching the specific activity (or the scheduled hours), e.g. gross motor activities: Mondays, Wednesdays and Fridays from 10:00 to 11:15.

6) The starting date and projected ending date: The IEP should state when things are supposed to begin and end.

7) Strategies and techniques: The teaching strategies and techniques should match the learning style of the child. For instance some children are better taught to read by the phonics method than by the "look-see" method. Or, a child who cannot follow verbal directives is best taught by "hands on" guiding through the process.

8) Materials and resources: Depending on the goal, materials and resources would range from books, special language, math or reading kits, to teacher-made materials, physical therapy equipment, etc.

9) Evaluation: Evaluation should be ongoing, but a formal review must take place annually. The purpose of the review is to determine if the annual goals are being met, if not, why not and what changes will be made. Any changes should be based on the kinds of observable, measurable date presumably kept by the person responsible for helping the child work towards each of his goals.

If the annual goals and the short-term objectives are stated in terms specific to the child, if they are measurable and observable in some way, and if they are realistic for that particular child, it should not be difficult for either the parents or the teacher, or any other party to monitor the child's progress very effectively. Remember, parents, for better or for worse, are the primary monitors, coordinators, observers and decision makers for their children. Participating in the development of their child's IEP will help them be better ones!

When does it happen?

If your child has already been identified as having a handicapping condition and needs special education, he should already have had his IEP developed by his teacher, by his parents, and by others as indicated on page 3. If your child is receiving special education and you have not seen his written IEP, be sure to find out why not. The federal law states that IEP's should be developed for all handicapped children by October 1, 1977.

If your child is not receiving special education but you suspect that he has a handicapping condition and may need special education and related services, speak to the principal of your child's school and ask for the necessary evaluation and assessment to determine if, in fact, he is handicapped. (Qualifying as handicapped under Public Law 94-142 are the mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically or other health impaired, or children with specific learning disabilities who require special services.) If so, you will be informed and should be invited to the School Admission Review and Dismissal (SARD) meeting to discuss what special education services are needed and should be provided. The SARD team reviews the assessment information, determines if the special education services can be provided in the child's own schools, and, if so, develops the IEP. Within 30 days after that, the in-school special education should start.

If the child's own school does not have the needed speical education services, the area Admissions Review and Dismissal (ARD) committee is convened. It must meet within 30 days of receiving the assessment information from the child's school, according to the State By-law. Again, the parents should be invited to the meeting. The team makes the placement decision and then designates the individuals who will develop the child's IEP. The IEP must be developed within 30 days of the placement decision and implemented 30 days after that.

The time-frame looks like this:

ARD	30 days	IEP	30 days	IEP	60 days	IEP
Decides on special services needed and on appropriate placement		Developed		Implemented		Reviewed

The IEP must be reviewed annually thereafter.

School system procedures may be revised as time progresses, so if you have questions or find conflicts in information,

speak with the principal of your child's school
or
call your area Supervisor of Continuum Education:

Area 1, Dr. Henry Shetterly, 949-1010
Area 2, Dr. Mary Jane Jackson, 593-7103
Area 3, Dr. Norma Edwards, 299-5583
Area 4, Mrs. Betty Howard, 946-0300
Area 5, Mr. Richard Pottinger, 948-2670

or
call MCARC Family and Community Services, 949-8140,
and we'll try to help you.

Many school systems are dividing the IEP up into two parts--one which deals with the "total service plan", including the annual goals and the people who will implement them, and the second which deals with the short-term objectives with the specifics of scheduling, etc. Here are samples of the two forms:

IEP: TOTAL PLAN

School _____

Name of Student _____

Date of Birth _____ Age _____ Grade _____

Summary of Present Functioning Levels of Student: _____

_____

_____

_____

_____

etc.

Annual Goals: _____

_____

_____

_____

_____

etc.

Persons Attending the IEP Conference: (parents, too!)

Signature	Title
_____	_____
_____	_____

etc.

INDIVIDUALIZED EDUCATIONAL PLAN: IMPLEMENTATION

Name of Student _____ Date of Birth _____ Grade ____ School _____

Short-term Objectives	Persons Responsible	Activities and Strategies	Materials and Resources	Times per week	Starting Date	Ending Date	Annual Review	Evaluation Criteria

Access to School Records:

Montgomery County Public Schools have specific regulations which spell out who can and who cannot see a child's educational records. They are set down in volumes called Policy and Procedures, available in every public school (and in the MCARC Library). The regulation pertaining to access to pupil records is number 545-1.

The regulations assure that parents

1) be allowed to inspect and review the contents of both cumulative and confidential records,

2) may challenge inaccuracies or misleading information contained in their child's records,

3) may obtain copies of the records (at their own expense)

4) may limit who else has access to their child's records, except for certain local, state or federal officials specifically permitted access under the law; release of records to anyone else requires parental consent.

Parents should contact their child's school principal or director with any request to see or have copies of records. Any difficulties encountered or any questions about procedures could be answered by the Associate Superintendent for Administration's office. Call 279-3306. Or if that fails, the Montgomery County Public School's ombudsman Tom Fess can be reached at 279-3301. Generally speaking, educational records of children in non-public schools are subject to the same regulations, most of which are mandated by federal law (The Family Education Rights and Privacy Act of 1974, known as "the Buckley Amendment").

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